

BK 0342 PG 0785

Prepared by and return to:

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Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
601 349-6900

STATE MS.-DESOTO CO.
FILED

Nov 16 12 43 PM '98

WARRANTY DEED

Joyce Collins, a Single Person
GRANTOR

BK 342 PG 785
W.E. DAVIS CH. CLK.

to:

Jeffrey T. Walker and wife, Elizabeth H. Walker
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Joyce Collins, a Single Person does hereby sell, convey, and warrant unto Jeffrey T. Walker and wife, Elizabeth H. Walker, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

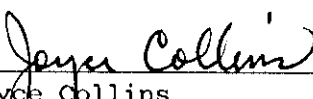
Lot 42, Section "A", Eastover Subdivision, in Section 29, Township 1 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 12, Pages 32-35, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, George Collins, departed this life on February 10, 1998, while a resident citizen of DeSoto County, Mississippi as evidenced by the attached.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 12, Pages 32-35.

Taxes for the year 1998 are to be paid by Grantees and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 12th day of November 1998.

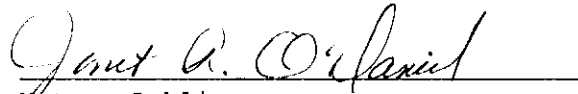


Joyce Collins

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Joyce Collins, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 12th day of November, 1998.



Notary Public

Janet R. O'Daniel

My Commission Expires:

4/27/99

GRANTOR'S ADDRESS:

5706 STONE

OLIVE BRANCH MS 38654

Work Phone #: 901. 948-1585

Home Phone #: 601. 895-0590

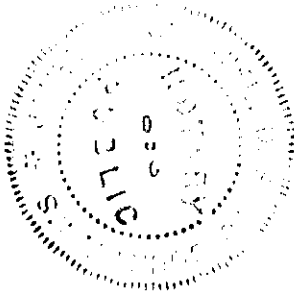
GRANTEE'S ADDRESS:

7208 Grove Park

Olive Branch, Mississippi 38654

Work Phone #: 901 543-8032

Home Phone #: 601. 893-5914



TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF TENNESSEE
BK0342PG0787

1. DECEDENT'S NAME (First, Middle, Last) GEORGE KENNETH COLLINS				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) FEBRUARY 10, 1998							
4. SOCIAL SECURITY NUMBER (of Decedent) 408-42-7190		5. AGE LAST BIRTHDAY (Years) 69		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) NOV. 9, 1928		7. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TN			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) ST. FRANCIS HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY					
10. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify) MARRIED				11. SURVIVING SPOUSE (If wife, give maiden name) JOYCE CROSS				12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DRIVER				12b. KIND OF BUSINESS/INDUSTRY MEMPHIS TRANSIT AUTHORITY	
13a. RESIDENCE-STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION OLIVE BRANCH				13d. STREET AND NUMBER OR RURAL LOCATION 7208 GROVE PARK ROAD					
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				15. RACE American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
17. FATHER'S NAME (First, Middle, Last) GEORGE DAVID COLLINS				18. MOTHER'S NAME (First, Middle, Maiden Surname) MARY ELIZABETH BROADSTREET									
19a. INFORMANT'S NAME (Type/Print) JOYCE COLLINS				19b. RELATIONSHIP TO DECEDENT WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7208 GROVE PARK ROAD OLIVE BRANCH, MS 38654							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK SOUTHWOODS				20c. LOCATION-City or Town, State MEMPHIS, TN					
21a. SIGNATURE OF FUNERAL DIRECTOR EILEEN PRITCHARD				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4187		21c. SIGNATURE OF EMBALMER CHARLES VINSON		21d. LICENSE NUMBER OF EMBALMER 3556					
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK 5668 POPLAR AVENUE MEMPHIS, TN 38119				22b. LICENSE NUMBER OF FUNERAL HOME 522									
23. REGISTRAR'S SIGNATURE <i>Andrew C. Holder Deputy</i>				24. DATE FILED (Month, Day, Year) FEB 25 1998									
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>a. Earl Weeks</i>				25b. LICENSE NUMBER MD019452		25c. DATE SIGNED (Month, Day, Year) 2-23-98							
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. EARL WEEKS 6005 PARK AVENUE MEMPHIS, TN 38119													
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Squamous Cell Carcinoma of Larynx metastatic to Lungs DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death 2 1/2 years													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be determined 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									

PHYSICIAN OR MEDICAL EXAMINER EX-
TENDING CERTIFICATE
1ST COMPLETE AND
3RD MEDICAL CERTIFI-
CATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH